# MULTIPLE DEPENDENT CLAIM
# FEE CALCULATION SHEET
## (FOR USE WITH FORM PTO-875)

| SERIAL NO. | FILING DATE |
|---|---|
| 10/590927 | |

APPLICANT(S)

## CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | | 51 | | | | | | |
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| 14 | | | | | | | | 64 | | | | | | |
| 15 | | | | | | | | 65 | | | | | | |
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| 36 | | | | | | | | 86 | | | | | | |
| 37 | | | | | | | | 87 | | | | | | |
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| TOTAL IND. | | | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | | | TOTAL CLAIMS | | | | | | |